



# Summer Camp

Thank you for your interest in Blue Skies Stables Summer Camps! Below, please find the pricing information for each session. At the end of each session, a certificate will be provided to each camper with the information needed for you to file your taxes and receive up to a 35% tax deduction per IRS Publication 503. A \$50 Deposit is required to hold your space for any of the three camps. This is a nonrefundable deposit.

**Beginner Camp (Monday, June 11<sup>th</sup> to Friday, June 15<sup>th</sup>):**

- Ideal for ages 6-11 with little to no riding experience
- Camp hours are from 9am to 3pm
- Cost: \$375.00
- Deadline for entry: May 31<sup>st</sup> or when cap of 10 students met
- Discounts Available:
  - Early Entry Deadline of April 30<sup>th</sup>, receive \$50 off!

**Intermediate/Advanced Camp (Dates TBD in JULY):**

- Ideal for riders who can already walk/trot/canter and are jumping at least over cross rails and are interested in showing.
- This is a half day camp from 9am to noon, and will run Monday to Wednesday.
- Cost: \$200.00
- Deadline for entry: June 23<sup>rd</sup>
- Discounts Available:
  - Early Entry Deadline of May 14<sup>th</sup>, receive \$25 off!

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Full Name on Credit Card

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Billing Address

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City

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State

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Zip

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Credit Card Number

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Exp Date

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CVV

I authorize Blue Skies to charge my Credit Card \$50 for each of the above checked Sessions in order to hold a space by signing below:



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Signature

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Date

**Enrollment Form**

Camp Dates \_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Equine Experience**

Has Participant previously ridden a horse? \_\_\_\_\_ If yes please describe or explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Form**

Does Participant take any medication? \_\_\_\_\_ If yes please describe and explain \_\_\_\_\_

\_\_\_\_\_

Will they be taking this at camp? \_\_\_\_\_ If yes please give instructions \_\_\_\_\_

\_\_\_\_\_

Does participant have any medical conditions limitations or problems? \_\_\_\_\_ If yes please describe and explain. \_\_\_\_\_

List all allergies (food, bee sting, medication, etc.) \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical/Dental Insurance Information \_\_\_\_\_

**Medical Release**

I/We, the parent(s) or legal guardian(s) of \_\_\_\_\_

give consent and permission to Blue Skies Stables to render first aid to my child/charge, administer medicine, summon an ambulance, or otherwise provide transport to a hospital where my child my receive emergency medical care.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_